

AMENDMENT TRANSMITTAL LETTER				Docket No. 1422-0625P	
Application No. 10/790,730-Conf. #2621		Filing Date March 3, 2004		Examiner D. R. Claytor	
				Art Unit 1617	

Applicant(s): Makoto OZEKI et al.

Invention: PHARMACEUTICAL COMPOSITION FOR TREATING MOOD DISORDERS

MS Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.
 The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	6	- 20 =	0	x 52.00	0.00	
Independent Claims	1	- 3 =	0	x 220.00	0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						
Other fee (please specify): Extension for response within third month					1,110.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,110.00	

☒ Large Entity ☐ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 02-2448 in the amount of \$ 1,110.00.
 A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 02-2448
 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: MAY 29 2009

Craig A. McRobbie
 Attorney Reg. No.: 42,874

BIRCH, STEWART, KOLASCH & BIRCH, LLP
 8110 Gatehouse Road
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 Falls Church, Virginia 22040-0747
 (703) 205-8000

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		Complete if Known Application Number 10/790,730-Conf. #2621 Filing Date March 3, 2004 First Named Inventor Makoto OZEKI Examiner Name D. R. Claytor Art Unit 1617 Attorney Docket No. 1422-0625P	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT		(\$) 1,110.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES			
Fee Description	Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)	52	26	
Each independent claim over 3 (including Reissues)	220	110	
Multiple dependent claims	390	195	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
6	- 20 or HP	0 x 52.00 =	0.00
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	- 3 or HP	0 x 220.00 =	0.00
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____ =	_____
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00			

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	42,874
Name (Print/Type)	Craig A. McRobbie	Telephone	(703) 205-8000
		Date	MAY 29 2009